

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
300 SOWER BLVD.
FRANKFORT, KY 40601
502-573-0147



FOR OFFICIAL USE ONLY

FR No:

APPLICATION FOR CLASS II INTERNAL MECHANICAL INTEGRITY TEST

Well Owner/Operator _____

Permanent Address _____
STREET CITY STATE ZIP

Phone _____ Email _____

WELL INFORMATION

D.O.G. Permit No _____ EPA Identification No KYS _____

Well Type: SRI ☐ SWD ☐ Well Status: Shut-In ☐ Active Injection ☐

Mineral Owner Name _____ Well No _____ County _____

Carter Coordinate ☐ FNL ☐ FEL
Location ☐ FSL ☐ FWL SEC _____ LETTER _____ NUMBER _____

Date of Last Internal Mechanical Integrity Test: _____
Month, Day, Year

Injection Type: Tubing/Packer Assembly ☐ Casing Injector ☐

The undersigned operator of the above-referenced Class II well is requesting an Internal Mechanical Integrity Test to be scheduled by the Division of Oil & Gas in compliance of 805 KAR 1:110.

Signature of Operator _____ Title _____

Printed Name _____ Date _____